

2025 Medicare Part B Step Therapy Drug List

- Step therapy requires a trial of a preferred drug to treat a medical condition before covering other drug therapies.
- The step therapy requirement does not apply to members who have already received treatment with the non-preferred drug within the past 365 days.
- These drugs may also be subject to prior authorization* and/or quantity limitations.

| Drug Class | Preferred Product(s) | Non-Preferred Product(s) |
|--|--|---|
| Adrenocorticotropic Hormone Analogue | Oral/IV Corticosteroids | Acthar (corticotropin) Cortrophin Gel (corticotropin) |
| Alpha-1 Antitrypsin Deficiency | Prolastin-C (alpha-1 proteinase inhibitor)* Zemaira (alpha-1 proteinase inhibitor)* | Aralast (alpha-1 proteinase inhibitor)* Glassia (alpha-1 proteinase inhibitor)* |
| Asthma Monoclonal Antibodies | Fasenra (benralizumab) Xolair (omalizumab) | Cinqair (reslizumab) Nucala (mepolizumab) Tezspire (Tezepelumab-ekko) |
| Autoimmune IV Injectables | Entyvio (vedolizumab) Simponi Aria (golimumab) | Actemra (tocilizumab) Cimzia (certolizumab) Ilumya (tildrakizumab-asmn) Orencia (abatacept) Stelara (ustekinumab) |
| Bevacizumab Products for Oncology | Mvasi (bevacizumab-awwb)* Zirabev (bevacizumab-bvzr)* | Alymsys (bevacizumab-maly)* Avastin (bevacizumab)* Vegzelma (bevacizumab-adcd)* |
| Bone Density Regulators for Osteoporosis | Prolia (denosumab)* Zoledronic acid* | Evenity (romosozumab-aqqg)* Reclast (zoledronic acid)* Zometa (zoledronic acid)* |
| Botulinum Toxins | Dysport (abobotulinumtoxinA)* Xeomin (incobotulinumtoxinA)* | Botox (onabotulinumtoxinA)* Myobloc (rimabotulinumtoxinB)* |
| Colony Stimulating Factors - Long Acting | Fulphila (pegfilgrastim-jmdb)* Zixtenzo (pegfilgrastim-bmez)* | Fylnetra (pegfilgrastim-pbbk)* Neulasta syringe (pegfilgrastim)* Nyvepria (pegfilgrastim-apgf)* Rolvedon (eflapegrastim-xnst)* Stimufend (pegfilgrastim-fpgk)* Udenyca (pegfilgrastim-cbqv)* |
| Colony Stimulating Factors - Short Acting | Zarxio (filgrastim-sndz)* | Granix (tbo-filgrastim)* Leukine (sargramostim)* Neupogen (filgrastim)* Nivestym (filgrastim-aafi)* Releuko (filgrastim-ayow)* |
| Erythropoiesis Stimulating Agents (ESA), non-ESRD | Aranesp (darbepoetin alfa) Retacrit (epoetin alfa-epbx) | Epogen (epoetin alfa) Mircera (methoxy polyethylene glycol-epoetin beta) Procrit (epoetin alfa) |
| Gaucher Disease | Cerezyme (imiglucerase)* Elelyso (taliglucerase alfa)* | VPRIV (velaglucerase alfa)* |

| Drug Class | Preferred Product(s) | Non-Preferred Product(s) |
|--|--|--|
| Hereditary Angioedema (HAE) Prophylaxis | Haegarda (C1 esterase inhibitor)* | Cinryze (C1 esterase inhibitor)* Takhzyro (lanadelumab-flyo)* |
| Homozygous Familial Hypercholesterolemia (HoFH) | PCSK9 Inhibitor | Evkeeza (evinacumab-dgnb) Leqvio (inclisiran) |
| Infliximab Products | Inflectra (infliximab-dyyb) Renflexis (infliximab-abda) | Avsola (infliximab-axxq) Infliximab Ixifi (infliximab-qbtz) Remicade (infliximab) |
| Iron Products | Ferrlecit (sodium ferric gluconate) Infed (iron dextran) Sodium ferric gluconate Venofer (iron sucrose) | Feraheme (ferumoxytol) Injectafer (ferric carboxymaltose) Monoferric (ferric derisomaltose) |
| IV Immune Globulins | Flebogamma Gammaked Gamunex-C Octagam Privigen | Asceniv Bivigam Gammagard Gammaplex Panzyga |
| Lipodystrophy | Insulin, fibrates, or statins | Myalept (metreleptin)* |
| Migraine Therapy | Oral beta blocker or anticonvulsant | Vyepti (eptinezumab-jjmr)* |
| Monoclonal Antibodies – Other | Depending on the indication: Soliris (eculizumab)* Ultomiris (ravulizumab-cwvz)* Immunosupresant Rituximab product | Enspryng (satralizumab-mwge)* Uplizna (inebilizumab-cdon)* |
| Multiple Sclerosis Infused | Ocrevus (ocrelizumab) Tysabri (natalizumab) | Briumvi (ublituximab-xiiy) Lemtrada (alemtuzumab) |
| Osteoarthritis, Viscosupplements - Single Injection | Durolane (hyaluronic acid) Synvisc-One (hylan G-F 20) | Gel-One (hyaluronate sodium) Monovisc (hyaluronic acid) |
| Osteoarthritis, Viscosupplements - Multi Injection | Euflexxa (hyaluronate sodium) Synvisc (hylan G-F 20) | Gelsyn-3 (hyaluronic acid) Genvisc 850 (hyaluronate sodium) Hyalgan (hyaluronate sodium) Hymovis (hyaluronic acid) Orthovisc (hyaluronic acid) Supartz FX (hyaluronate sodium) Triluron (hyaluronate sodium) Trivisc (hyaluronate sodium) Visco-3 (hyaluronate sodium) |
| Prostate Cancer - Luteinizing Hormone Releasing Hormone (LHRH) Agents | Eligard (leuprolide acetate)* | Camcevi (leuprolide)* Lupron Depot (leuprolide acetate)* Trelstar (triptorelin pamoate)* Zoladex (goserelin acetate)* |
| Pulmonary Arterial Hypertension (PAH) | For PAH Group 1: Epoprostenol | Remodulin (Treprostинil)* Tyvaso (Treprostинil)* |
| Retinal Disorders Agents | Avastin (bevacizumab), then Byooviz (anbizumab-nuna) Eylea and Eylea HD (afibbercept) | Beovu (brolucizumab-dbll) Cimerli (ranbizumab-eqrn) Lucentis (ranibizumab) Susvimo (ranibizumab implant) Vabysmo (faricimab-svoa) Visudyne (verteporfin) |



| Drug Class | Preferred Product(s) | Non-Preferred Product(s) |
|------------------------|---|--|
| Rituximab Products | Truxima (rituximab-abbs) Ruxience (rituximab-pvvr) | Riabni (rituximab-arrx) Rituxan (rituximab) Rituxan Hycela (rituximab/hyaluronidase) |
| Sickle Cell Therapy | Hydroxyurea | Adakveo (crizanlizumab-tmca)* |
| Somatostatin Analogues | Somatuline Depot (lanreotide acetate) | Lanreotide Sandostatin LAR Depot (octreotide acetate) Signifor LAR (pasireotide) |
| Trastuzumab Products | Kanjinti (trastuzumab-anns)* Ogivri (trastuzumab-dkst)* Trazimera (trastuzumab-qyyp)* | Herceptin (trastuzumab)* Herceptin Hylecta (trastuzumab/hyaluronidase)* Herzuma (trastuzumab-pkrb)* Ontruzant (trastuzumab-dttb)* |

*Prior authorization is required

Health benefits or health benefit administration may be provided by or through Highmark Wholecare, coverage by Gateway Health Plan, an independent licensee of the Blue Cross Blue Shield Association ("Highmark Wholecare"). Highmark Wholecare offers HMO plans with a Medicare Contract. Enrollment in these plans depends on contract renewal.

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